



COMMAND DIRECTED Mental Health Evaluation (MHE)

Agenda



- **Definition**
- **Guidance**
- **Why MHEs are Important**
- **Policies/ Procedures**
- **Non-Emergency and Emergency Referrals**
- **Common MHE problems**

Mental Health Defined



“ A clinical assessment of a service member for a mental, physical or personality disorder to determine the member’s health status and fitness for duty. It does not include interviews under family advocacy programs or Air Force drug and alcohol abuse rehabilitation programs.”

MHE Guidance



- **A real life scenario of an Improper MHE . . .**
 - *“In 1983, Michael Tufariello, USNR (E-7), a Personnel Specialist filed a complaint with an IG alleging that reservists were receiving pay for drills not performed.*
 - *At some point, his commander overheard him say he was “going crazy” and directed a MHE. He was escorted to the hospital on Friday afternoon, but not seen by a doctor until Monday afternoon. After the examination on Monday, he was released with no diagnosis of a mental problem.”*
- This case resulted in the expansion of 10 USC 1034, Whistleblower Protection Act, to prohibit MHEs used as reprisal.

MHE Guidance (cont)



- **Mental Health References:**
 - DoDI 6490.4 - *Requirements for Mental Health Evaluations of Members of the Armed Forces*
 - IG DG 7050.6 - *Guide to Investigating Reprisal and Improper Referrals for Mental Health Evaluations*
 - DoDD 6490.1 - *Mental Health Evaluations of Members of the Armed Forces*
 - AFI 44-109- *Mental Health, Confidentiality, and Military Law*

Why are MHE Important?



- **Protect the rights of service members.**
- **Impact security clearance.**
- **Future in the military, i.e.; separation.**
- **MHEs directed due to reprisal.**
- **DOD IG monitors and reports to Congress**

Policies/ Procedures



- Commanders alert to potentially dangerous service members.
- Surgeon General has training responsibility.
- Referring official **must be a commander**
- Types of referrals for MHE
 - Non-emergency
 - Emergency

Non Emergency Referral



- Clearly defined process, IAW DODI 6490.4, Ch.
 - Consult with Mental Health Professional (MHP)
 - Written notice to member two business days before appointment
 - Date / time of appointment
 - Observed behavior and reason for referral
 - Service Member's Statement of Rights
 - Name of MHP consulted
 - Name and phone of IG and Area Defense Counsel
 - Member signs; copy to MHP
 - MHP provides commander results

Emergency Referral



- Imminently dangerous to themselves or others and intent to cause injury likely.
- Administrative requirements met after referral

Common MHE Problems



- **Commanders unaware of proper procedures**
 - Other than commander makes MHE referral
 - Confusion between Emergency and Routine referrals
 - No written MHE referral
 - Member not advised of rights
- **Member “not protesting” does not equal “voluntary”**
- **Health Care Providers and JAGs not aware of guidance and requirements**
- **Educate, educate, educate**

Questions ?

